

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46236** (8)  
1. Corporation Name  
**INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.**



Principal Place of Business 15665 MIAMI LAKEWAY, #302 MIAMI LAKES FL 33014-2131	Mailing Address 15665 MIAMI LAKEWAY, #302 MIAMI LAKES FL 33014-2131
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3. Date Incorporated or Qualified 12/02/1991	3a. Date of Last Report 02/21/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number 65-0434817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HOLSTEIN, ROBERT W  
15665 MIAMI LAKEWAY #302  
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ANDREWS, ROBERT W. 12316 SW 117 COURT MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S CHILDS, HARRY 13610 SW 142 AVENUE MIAMI FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	S JOHN GAYMAN
STREET ADDRESS		2.3 STREET ADDRESS	10765 SW 184 TERR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	T GAYMAN, JOHN 10440 SW 184 TERRACE MIAMI F	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	T FRANK HEGEDUS
STREET ADDRESS		3.3 STREET ADDRESS	885 NE 79 ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	D HIGGINS, JACK 6900 NW 4 COURT MIAMI FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SNELLING, AL 6187 NW 167 STREET #H-3 MIAMI FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D FRED LOESCHE
STREET ADDRESS		5.3 STREET ADDRESS	8288 NW SOUTH RIVER DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33166
TITLE	D HEGEDUS, FRANK 885 NE 79 STREET MIAMI FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D ALAN SIMS
STREET ADDRESS		6.3 STREET ADDRESS	1089 SE 9 CRT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HIALEAH FL 33010

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert W. Andrews* ROBERT W. ANDREWS 2/5/97 (305) 251-6172  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023181

CR2E037 (9/96)